

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091814225

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
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32		3				
33		3				
34	1					
35	1					
36	1					
37		1				
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	92					
TOTAL CLAIMS	97					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

U.S. DEPARTMENT OF COMMERCE

Best Available Copy